

SAINT MICHAEL SCHOOL
PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under guidance and supervision of teachers from St. Michael School. A brief description of the activity follows:

Name of Event: K-1-2-3-4-5-6-7-8 End of Year Field Trip

Educational Purpose: Social studies & science curriculum – ancient civilizations/cultures

Destination: Carnegie Museums of Art & Natural History, Pittsburgh, PA

Designated Supervisor of Activity: Teachers of Kindergarten – Grade 8

Date and Time of Departure: Monday, June 3, 2019 @ 8:10am

Date and Anticipated Time of Return: Same day @ 4:30pm

Method of Transportation: School bus

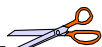
Attire: Uniform pants or shorts with Catholic Schools Week (tie-dye) t-shirt

Student Cost: \$15 for admission (PTO is paying the cost of 2 buses)

No extra money is needed as students will NOT be given access to gift shop.

Students are to bring a sack lunch - **no perishable items** - with a disposable drink (no glass containers)

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.



CARNEGIE MUSEUMS OF ART & NATURAL HISTORY – JUNE 3, 2019

I request that my child _____, participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated teacher(s) on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. I agree to hold harmless the school or its representatives, any teacher or chaperone in the event of accident or injury to my/our child as a result of participation in this event.

_____ In the event of accident or injury, I/we give permission for my/our child to be treated at the nearest medical facility.

_____ I would like to chaperone _____ **(adult cost is \$15.00)** and realize that **clearances are required and must be on file in the school office.**
Name of adult wishing to attend

(Parent/Legal Guardian Signature)

(Date)

(Phone)

_____ **No. I do not want my child to participate in the event described above. I understand that instead of participating in the field trip, my child will attend school that day under the supervision of a substitute teacher.**

Parent/Legal Guardian Signature

Date

Please return this form **and the \$15.00 admission fee** on or before May 21, 2019. If not returned by the deadline, student will be unable to attend due to reservation requirement deadline of the Carnegie Museum. **NO PERMISSION SLIPS WILL BE ACCEPTED AFTER THIS DATE.**